



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE

(Please Print or Type)

Section I

Name of Candidate or Political Committee and Chairperson Leon E. Smith		Office Sought (if candidate) House of Rep.	District (if any) 24A
Mailing Address 1381 Galena Drive	Check if address change: <input type="checkbox"/> City and Zip Twin Falls 83301	Home Phone 733-0143	Work Phone 733-6884
Name of Political Treasurer Rex S. Leforgee			
Mailing Address PO Box 1292	Check if address change: <input type="checkbox"/> City and Zip Twin Falls 83303	Home Phone 734-5787	Work Phone 733-4730

Section II

TYPE OF REPORT

Directions: To indicate the type of report being filed, fill in the appropriate dates and check the appropriate box(es). See the instructional manual for reporting periods and due dates.

This report is for the period from 01 / 01 / 2003 through 12 / 31 / 2003

- | | | |
|--|---|--|
| <input type="checkbox"/> 7 Day Pre-Primary Report | <input type="checkbox"/> 7 Day Pre-General Report | <input type="checkbox"/> Quarterly (April 30)
(only filed by ballot measure committees) |
| <input type="checkbox"/> 30 Day Post-Primary Report | <input type="checkbox"/> 30 Day Post-General Report | <input type="checkbox"/> Quarterly (July 30)
(only filed by ballot measure committees) |
| <input type="checkbox"/> October 10 Pre-General Report | <input checked="" type="checkbox"/> Annual Report | |

Is this Report an amendment? Yes No Is this a Termination Report? Yes No

Section III

STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES

Directions: If you had no contributions or expenditures during this reporting period, check the box next to the statement below, fill in the appropriate dates and sign this report. Be sure to carry forward the appropriate "Calendar Year to Date" figures in Column II, Section IV.

I hereby certify that I have received no contributions and have made no expenditures during this reporting period from _____ / _____ / _____ through _____ / _____ / _____.

Section IV

SUMMARY

To reach your Calendar Year to Date figure: Add this report's Column I figures to the Column II figures of your previous report (except on line 6).

	COLUMN I This Period	COLUMN II Calendar Year to Date
Line 1: Cash on Hand January 1, This Year*	\$ XXXXXX	\$ 3,115.21
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ 3,115.21	\$ XXXXXX
Line 3: Total Contributions (Enter amount from page 2)	\$ 100.00	\$ 100.00
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ 3,215.21	\$ 3,215.21
Line 5: Total Expenditures (Enter amount from page 2)	\$ 234.74	\$ 234.74
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ 2,980.47	\$ 2,980.47

*This same figure should be entered on line 1 of all reports filed this calendar year.

**You must report the cash on hand at both the beginning of the reporting period and the close of the reporting period.

Note that the closing cash balance for the current reporting period appears on the next report as beginning cash on hand.

Section V

CONTRIBUTIONS PLEDGED - INCURRED EXPENDITURES

Contributions Pledged during this reporting period but not yet received: None \$ _____ (see attached Schedule C-2A)
 Incurred Expenditures during this reporting period but not yet paid: None \$ _____ (see attached Schedule C-2B)

Section VI

CERTIFICATION

Return This Report To:
Pete T. Cenarrusa
Secretary of State
PO Box 83720
Boise ID 83720-0080
fax: (208) 334-2282

I, Rex S. Leforgee, hereby certify that the information
(name of Political Treasurer)
 in this report is a true, complete and correct Campaign Financial Disclosure Report as
 required by law.

Rex S. Leforgee
 Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee Leon E. Smith	Report Covering the Period From <u>01</u> / <u>01</u> / <u>200</u> to <u>12</u> / <u>31</u> / <u>200</u>
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UNITEMIZED CONTRIBUTIONS Contributions of Fifty Dollars (\$50.00) or Less This Period	
Total Number <u>0</u>	Total Amount \$ <u>0.00</u>
UNITEMIZED EXPENDITURES Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period	
Total Number <u>0</u>	Total Amount \$ <u>0.00</u>

	Total This Period
<u>1</u> Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ 0.00
Itemized Contributions (total all Schedule A sheets)	\$ 100.00
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 100.00
<u>1</u> Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ 0.00
Itemized Expenditures (total all Schedule B sheets)	\$ 234.74
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 234.74

SCHEDULE A
ITEMIZED CONTRIBUTIONS
of more than Fifty Dollars (\$50.00) this period

Name of Candidate or Committee
Leon E. Smith

		Column A	Column B	Column C
Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Cash or Check	In-Kind (non-monetary)	Loans
03 / 06 / 03	1. IDABANKPAC State Fund, PO Box 638, Boise, ID 83701	\$ 100.00	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ 100.00 Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
____ / ____ / ____	2.	\$	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
____ / ____ / ____	3.	\$	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
____ / ____ / ____	4.	\$	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
____ / ____ / ____	5.	\$	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
____ / ____ / ____	6.	\$	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
____ / ____ / ____	7.	\$	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
____ / ____ / ____	8.	\$	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
____ / ____ / ____	9.	\$	\$	\$
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ Calendar Year To Date	\$ Calendar Year To Date	\$ Calendar Year to Date
Subtotals of Columns A, B & C		\$ 100.00	\$ 0.00	\$ 0.00
Total This Page (add columns A, B & C)				\$ 100.00

**SCHEDULE B
ITEMIZED EXPENDITURES**

of Twenty-Five Dollars (\$25.00) or more this period

Name of Candidate or Committee
Leon E. Smith

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
01 / 21 / 03	1. Pomerelle Studio, 119 2nd Avenue North, Twin Falls, ID 83301	\$ 36.74	\$ _____
Purpose of Above Expenditure: Photo			
10 / 29 / 03	2. Association Taxpayers of Idaho	\$ 50.00	\$ _____
Purpose of Above Expenditure: Conference			
10 / 30 / 03	3. U S Post Office	\$ 148.00	\$ _____
Purpose of Above Expenditure: Stamps			
_ / _ / _	4.	\$ _____	\$ _____
Purpose of Above Expenditure:			
_ / _ / _	5.	\$ _____	\$ _____
Purpose of Above Expenditure:			
_ / _ / _	6.	\$ _____	\$ _____
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 234.74	\$ 0.00
Total This Page (add columns A & B)			\$ 234.74

**SCHEDULE C-2A
CONTRIBUTIONS PLEDGED BUT NOT YET RECEIVED**

Name of Candidate or Committee Leon E. Smith	Report Covering the Period From <u>01 / 01 / 03</u> to <u>12 / 31 / 03</u>
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Directions: Complete this schedule if you were promised and agreed to accept a contribution during this reporting period but have not actually received the money, goods or services offered before the end of the reporting period. Do not include these entries on Schedule A until you actually receive the contribution.

Line 1: Pledged Contributions of \$50.00 or Less This Period: Total Number <u>0</u> Total Amount \$ <u>0.00</u>
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Pledged Contributions of More Than \$50.00 This Period:

Pledge For	Date of Pledge	Full Name, Mailing Address and Zip Code of Contributor/Lender	Amount Pledged
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	1.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	2.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	3.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	4.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	5.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	6.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	7.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	8.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	9.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	10.	
<input type="checkbox"/> Primary <input type="checkbox"/> General	___/___/___	11.	

Line 2: Total Amount of Pledged Contributions of More Than \$50.00	\$ <u>0.00</u>
Line 3: Total Amount of Pledged Contributions of \$50.00 or Less (enter amount from line 1)	\$ <u>0.00</u>
Line 4: Total Amount of Pledged Contributions this Period (add lines 2 and 3) Also enter this total in Section V, page 1.	\$ <u>0.00</u>

**SCHEDULE C-2B
EXPENDITURES INCURRED BUT NOT YET PAID**

Name of Candidate or Committee Leon E. Smith	Report Covering the Period From <u>01 / 01 / 03</u> to <u>12 / 31 / 03</u>
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Directions: Complete this schedule if you incurred an obligation during this reporting period to purchase an item or service, but did not make payment before the end of the reporting period. Do not include these entries on Schedule B until you actually make payment.

Line 1: Incurred Expenditures of Less Than \$25.00 This Period:	Total Number <u>0</u>	Total Amount \$ <u>0.00</u>
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Incurred Expenditures of \$25.00 or More This Period:

Date Incurred	Full Name, Mailing Address and Zip Code of Recipient	Amount Incurred
/ /	1.	\$ _____
Purpose of Above Expenditure:		
/ /	2.	\$ _____
Purpose of Above Expenditure:		
/ /	3.	\$ _____
Purpose of Above Expenditure:		
/ /	4.	\$ _____
Purpose of Above Expenditure:		
/ /	5.	\$ _____
Purpose of Above Expenditure:		
/ /	6.	\$ _____
Purpose of Above Expenditure:		

Line 2: Total Amount of Incurred Expenditures \$25.00 or more	\$ <u>0.00</u>
Line 3: Total Amount of Incurred Expenditures Under \$25.00 (enter amount from line 1)	\$ <u>0.00</u>
Line 4: Total Amount of Incurred Expenditures this Period (add lines 2 and 3) Also enter this total in Section V, page 1.	\$ <u>0.00</u>